PTO/SE/06 (08-03)
Approved for use through 7/51/2008, OMB 0651-0032
U.S. Petins and Traditionark Ordios; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork F							ormation unte	es it displa	ye a valid OMB	control number,
PATENT APPLICATION FEE DETERMINATION RECORD Bubslibide for Form PTO-875								107763276		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					<u>.</u> .	SMALL (ENTITY	OR		R THAN ENTITY
FOR MUNICIPALED			NUMBER EXTRA			RATE	FEE]	RATE	FEE
(37 CFR 1.16(4))		•					8	OR		s
(D7 OFR 1.16(d)		roleus 20 =			П	X 5		OR	ו	
(b) Chrystelli Cryma		mbus 3			1	x		OR	× 2	
MALTIPLE DEPENDENT CLAIM PRESENT (\$7 CFR 1.16(4))						+1 .		OR	+: .	
"If the difference to column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
chalas								OR	OTHER	R THAN
7//	(Column 1) CLAIMS		(Column 2)	(Cotumn 3)	1 -1	SMALL	- NIIIY	ı Um	SMALL	ENTITY
5	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL FEE
Ch char risks	7	Minus	20	-/	П	x s=		OR	X 8 e	
Ch chi 1'10)	2	Minus	- 3	./		x e		OR	x 8	,
FIRST PRESENTATION OF MALTINE DEPOSIDENT CLASS. (27 OF) 1.18(0)					П	+1		OR	+8=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1)		(Column 2)	(Column 3)					`	
= 12120 M	CLAIMS REMAINING AFTER MENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADOS TIONAL FEE
De case rriera	7	Minus	20	•	Н	× 4=	•	OR	X 8	7.
independent of graffer, Mps	2	Minus	- 3			X &=		OR	X 8	
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (27 OFR 1.14(1))						+==		OR	+5a	
			•		•	TOTAL ADOL FEE		OR	TOTAL ADDL FEE	
	(Column 1)		'(Cobran 2)	(Cottime 1)				•		
	CLAIMS REMARING AFTER MENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TENAL FER
W Gron uses	5.	Minus	20	•		x 4		OR	X 5	
	2	Minus	'ス・			x 8=		OR	x 1	
FROT PRESENTATION OF MULTIPLE DEPENDENT QUAL OF OFR 1.18(4)						+6		OR	+1	
					•	TOTAL ADO'L FEE		OR	TOTAL ADDL FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the 10phost Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the 10phost Number Proviously Paid For BY THIS SPACE is less than 3, enter "2". The 20phost Number Proviously Paid For GY Chief or Indicate that the Notice of the Paid For Indicate how in column 1.										
The Tophest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1, his collection of information is required by 37 CPR 1,16. The information is required to obtain or retain a benefit by the public which is to fits (and by the										

The entermone of sucremone is required by JF CPR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process), an application. Conditionalisty is governed by 35 U.S.C. 122 and 37 CPR 1.14. This condition is estimated to take 12 minutes to dominate including gathering, preparing, and usualistic filter application form to the USPTO. Then will vary depending upon the individual case. Any concentration the emount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Copertment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-500-PTO-9199 and select option 2.